

METRO NASHVILLE

REQUEST FOR MILITARY FMLA LEAVE – MILITARY CAREGIVER LEAVE

Name: _____ SSN: _____

Department: _____

1. Name of Covered Servicemember needing care: _____

2. Has the Covered Servicemember designated a specific family member to act as his/her Next of Kin? Yes ____ No ____

If Yes, please identify the designated Next of Kin: _____

3. Please check one of the following:

____ A copy of DOL Form WH-385 “Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave” is attached.

____ A request for a fully completed DOL Form WH-385 has been made by the undersigned and will be forwarded to Metro promptly upon receipt.

____ (Check One) an Invitational Travel Order ____ or Invitational Travel Authorization ____ authorizing travel by a family member or next of kin of the Covered Servicemember is attached.

4. Start Date of Anticipated Leave*: _____ Expected Date of Return to Work*: _____

5. Leave Will Be: Continuous ____ Intermittent ____ Reduced Schedule Leave _____

6. Type of Leave to be used (concurrently) first: Sick ____ Vacation** ____ Compensatory ____

7. Spouse works for Metro? ____ Yes ____ No

I hereby authorize a health care provider representing Metro Government to review this request, to review any “Certification of Health Care Provider” I may submit, and to contact my physician for clarification related to my leave request. _____ Initials

I understand that failure to comply with reasonable requests from my department regarding this leave may result in denial of leave under the FMLA. _____ Initials

**I currently have ____ days of accrued vacation and wish to hold back ____ vacation days from concurrent counting during my FMLA leave. (Max. of 15 days) _____ Initials.

If I seek intermittent or reduced schedule leave, I agree to consult with my supervisor in order to coordinate my leave date(s) to minimize disruption of my department’s operations during my absences. _____ Initials.

Signature: _____ Date: _____

Note: Maintain original in confidential medical file and send copy to Benefit Services Department of Human Resources, 222 Third Avenue North, Nashville, TN 37201.

